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CONFIRMATION NO. 5832

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/699,019	10/27/2000	455	2618	15258US05
RULE				

APPLICANTS
 Ahmadreza Rofougaran, Marina Del Rey, CA;

**** CONTINUING DATA *******
 This application is a CON of 09/695,715 10/23/2000 PAT 7,299,006
 which is a CIP of 09/634,552 08/08/2000
 which claims benefit of 60/160,806 10/21/1999
 and claims benefit of 60/163,487 11/04/1999
 and claims benefit of 60/163,398 11/04/1999
 and claims benefit of 60/164,442 11/09/1999
 and claims benefit of 60/164,194 11/09/1999
 and claims benefit of 60/164,314 11/09/1999 *
 and claims benefit of 60/165,234 11/11/1999
 and claims benefit of 60/165,239 11/11/1999
 and claims benefit of 60/165,356 11/12/1999
 and claims benefit of 60/165,355 11/12/1999
 and claims benefit of 60/172,348 12/16/1999
 and claims benefit of 60/201,335 05/02/2000
 and claims benefit of 60/201,157 05/02/2000
 and claims benefit of 60/201,179 05/02/2000
 and claims benefit of 60/202,997 05/10/2000
 This application 09/699,019 10/27/2000
 claims benefit of 60/160,839 10/21/1999
 and claims benefit of 60/164,446 11/09/1999
 and claims benefit of 60/164,987 11/11/1999
 and claims benefit of 60/163,488 11/04/1999
 and claims benefit of 60/163,780 11/05/1999
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 01/05/2001

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /MARCEAU MILORD/ Examiner's Signature	<input type="checkbox"/> Met after Allowance MM Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 69	TOTAL CLAIMS 66	INDEPENDENT CLAIMS 9
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ADDRESS
 MCANDREWS HELD & MALLOY, LTD
 500 WEST MADISON STREET
 SUITE 3400
 CHICAGO, IL 60661

TITLE
 Adaptive radio transceiver with a bandpass filter

FILING FEE RECEIVED 3552	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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